

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4758USw

First Names Inventor:
BROWN et al

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22717 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/397,898	07/23/2002
2.	
3.	

20 JAN 2005

10/521910

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		8916 Weaver Crossing	Apex	North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

4-20

5-20

6-20

7-20

8-20

9-20

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4758USwFirst Names Inventor:
BROWN et alComplete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on **July 21, 2003** as United States application Serial No. _____ or PCT InternationalApplication Number **PCT/US03/22717** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

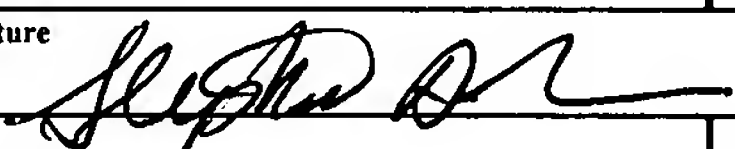
Application No.	Filing Date (MM/DD/YYYY)
1. 60/397,898	07/23/2002
2.	
3.	

10/521910

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4758USw	
I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		STATUS (Check one) <input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462					
Address all correspondence and telephone calls to Customer Number 23347				Direct Telephone Calls to: <div style="text-align: center;">Amy H. Fix 919-483-8911</div>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

DECLARATION FOR "371" APPLICATION
Page 3 of 3

10/521910

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME LACKEY	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature 		Date: 9/5/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET PU4758USw
First Names Inventor: BROWN et al
<u>Complete if known:</u> App No.:
Filing Date
Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on **July 21, 2003** as United States application Serial No. _____ or PCT International

Application Number **PCT/US03/22717** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:


Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/397,898	07/23/2002
2.	
3.	

10/521910

Rec'd PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4758USw	
I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462					
Address all correspondence and telephone calls to Customer Number 23347				Direct Telephone Calls to: <div style="text-align: center;"> Amy H. Fix 919-483-8911 </div>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature 			Date: 9/5/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

DECLARATION FOR "371" APPLICATION
Page 3 of 3

10/521910
Rec'd PCT/PTO 20 JAN 2005

2	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME LACKEY	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
	INVENTOR'S SIGNATURE	Signature <i>Karen Elizabeth Lackey</i>		Date: <i>Sept 6, 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4758USw

First Names Inventor:
BROWN et al

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22717 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.60/397,898	07/23/2002
2.	
3.	

10/521910

Rec'd PCT/PTO 20 JAN 2005

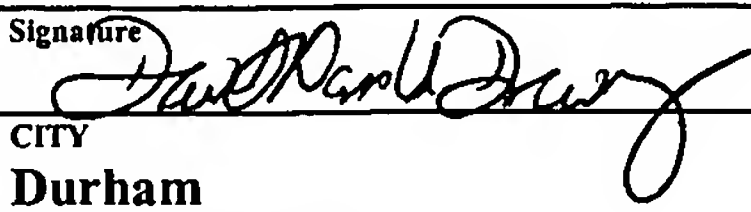
COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4758USw	
I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)	
				<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462					
Address all correspondence and telephone calls to Customer Number 23347				Direct Telephone Calls to: <div style="text-align: center;"> Amy H. Fix 919-483-8911 </div>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis		STATE & ZIP CODE/COUNTRY IN 46202 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard	
	INVENTOR'S SIGNATURE	Signature <i>Scott Howard Dickerson</i>			Date: <i>9/12/03</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 3 of 3

10/521910

Rec'd PCT/PTO 20 JAN 2005

2	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature 		Date: <i>September 5, 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME LACKEY	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

10/521910

Rec'd PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				ATTORNEY'S DOCKET NUMBER PU4758USW	
Continued					
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
		STATUS (Check one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>					
<p>Address all correspondence and telephone calls to Customer Number <u>23347</u></p>				<p>Direct Telephone Calls to: Amy H. Flx 919-483-8911</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee	
	INVENTOR'S SIGNATURE	Signature <i>Matthew J. Brown</i>			Date: 09/01/2005
	RESIDENCE & CITIZENSHIP	CITY Indianapolis IN	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4758USw

First Names Inventor:
BROWN et al

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22717 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.60/397,898	07/23/2002
2.	
3.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				ATTORNEY'S DOCKET NUMBER PU4758USw	
Continued					
I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
		STATUS (Check one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462					
Address all correspondence and telephone calls to Customer Number 23347				Direct Telephone Calls to: Amy H. Fix 919-483-8911	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

DECLARATION FOR "371" APPLICATION

Page 3 of 3

Rec'd PCT/PTO

20 JAN 2005

2	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME LACKEY	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature <i>Andrew J Peat</i>		Date: <i>9/29/03</i>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET

PU4758USw

First Names Inventor:

BROWN et al

Complete if known:

App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT InternationalApplication Number PCT/US03/22717 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.60/397,898	07/23/2002
2.	
3.	

10/521910

DECLARATION FOR "371" APPLICATION

Page 2 of 3

Rec'd PCT/PTO

20 JAN 2005

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET NUMBER
PU4758USw

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to **Customer Number 23347****23347**

Direct Telephone Calls to:

Amy H. Fix
919-483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 3 of 3

Rec'd PCT/PTO

10/521910
20 JAN 2005

2	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME LACKEY	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature <i>Jayne Lyn Roark Wilson</i>		Date: 9/8/03
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US